Appl. No. 10/783,640 Amdt. Dated September 17, 2009 Reply to Office Action of March 17, 2009

## **REMARKS/ARGUMENTS**

Claims 1-7 were pending in this application.

Claims 6 and 7 were rejected under 35 USC 112, second paragraph, as being indefinite. In claim 6, the Examiner is unclear as to exactly what is meant by "placing the delivery program code on the medical pump display." The Examiner mistakenly thinks that this might mean the underlying source, object or binary code in a language such as C+, Java, or FORTRAN. However, the term <u>delivery</u> program code would be understood by one skilled in the art of electronic medical pumps for drug delivery to mean the parameters, limits or program values, for example and not by way of limitation the dose, rate, volume, and duration that one uses to program the pump for controlled drug delivery. The term "delivery program code" or "delivery programming code" is mentioned several times in the original published specification (paragraphs [0044], [0045], [0049], [0079], [0080], [0081], [0082], [0091], [0093], and [0095]), and an example of a display of at least some of the delivery program code is shown in the confirmation screen of FIG. 15. Thus, it is respectfully submitted that the term "delivery program code" is sufficiently definite and easily understood by those skilled in the art. Nevertheless, for the sake of consistency with the other claims, claim has been amended to utilize the term "delivery programming code."

With respect to claim 7, the Examiner is unclear as to what reads the machine readable labels and how this is done within the method recited. FIGS. 4 and 21 clearly show an input means or device 32, more particularly a handheld PDA, which has an input means 118 for reading machine readable indicia such as bar codes and RFID tags. Also described are means such as RFID transmitters/receivers that "read" the machine readable labels when they are brought into proximity. See paragraphs [0022], [0056], [0066] and [0113]-[0117] of the original published specification. Since all of the means for reading the machine readable labels disclosed in the specification and the figures are non-human and basically utilize some optics, electrical circuitry, or more broadly machinery, either passive or non-passive, claim 7 has been amended to recite "machine reading" the machine readable labels.

Claims 1-6 were rejected under 35 USC 102(e) as being anticipated by US 7,154,397 to Zerhusen et al (Hill-Rom Services, Inc.). Claims 1-7 were rejected under 35 USC 103(a) as being unpatentable over US 7,154,397 to Zerhusen et al. in view of US20020038392 by De La Huerga. These rejections are respectfully traversed for the reasons that follow.

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Claims 1 and 6 have been amended to better distinguish over Zerhusen et al. These amendments are supported by FIGS, 4, 15 and 21 and the original published description in paragraphs [0118]. Additional support for the display and at least a portion of the user interface is found in the co-pending application referenced in paragraph [0064]-[0065]. Thus, no new matter has been added.

Zerhusen et al. disclose a bed control system that is primarily for bed adjustment, monitoring, entertainment and oral medications. This reference only vaguely suggest an "IV pump" be included somewhere in the system in column 1, lines 34-37. The screen in Zerhusen et al. is clearly remote from the pump housing and clearly is not a display that is one of integrated with and adjacent to a user interface mounted on a medical pump housing in an intravenous medication management system. No figures or discussion in Zerhusen et al. show a screen mounted on an IV pump housing. Thus, the Zerhusen et al. patent does not anticipate claims 1-6.

With respect to the 103 rejection of claims 1-7 over Zerhusen et al. in view of De La Huerga, it is submitted that 1) one skilled in the art would not combine the cited references absent hindsight in view of the present application; and 2) the combination would still not meet all of the limitations of claims 1-7 as amended. One skilled in the art would not combine Zerhusen and De La Huerga because De La Huerga discloses other more reliable means for determining if the medication is for the right patient, and relying on visual right patient checking thus would be contrary to the teaching of De La Huerga and other prior art. A screen on the pump or medication dispenser in Zerhusen would either be redundant or not of sufficient size to be useful. At any rate, the limitation of only having to look in one direction away from a photo of the patient on the pump user interface once for a visual right patient determination is not shown or suggested by either reference. This allows the user to remain focused on programming the pump without looking around the room in several directions several times. Each time the caregiver looks away, there is an opportunity for errors or mishaps. Thus, it is believed that claims 1-7 are patentable over the prior art.

New dependent claims 8-13 have been added. These claims are supported by the original specification, including FIGS. 1 and 2 of the co-pending application that was incorporated by reference in paragraph [0064]-[0065]. New claim 11 is supported by paragraph [0127] of the original published application. Thus, it can be seen that no new matter has been added.

A Petition for Extension of Time by three (3) months from June 17, 2009 to

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September 17, 2009 is submitted herewith along with the authorization for payment of the appropriate fees. No further extensions or fees are believed to be due in connection with this paper. However, the Commissioner is authorized to consider this a request for any necessary extension and charge our Deposit Account, 50-3118 for any additional fees (or credit any over payments) in association with this communication. A timely and favorable response on the merits of the claims as amended is respectfully requested.

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